

Acknowledgements

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Introduction



In Michigan, 75% of all deaths among youth and young adults 15 through 24 years of age result from only four causes: motor vehicle crashes, other unintentional injuries, homicide, and suicide. Substantial health and social problems also result from the approximately 26,000 pregnancies that occur each year among youth ages 15 through 19 (Office of the State Registrar, 1997) and more than 23,000 cases of gonorrhea and chlamydia combined that occur each year among persons 15 through 24 years of age (Sexually Transmitted Disease Program, 1997). For Michigan adults who are 25 years of age or older, 66% of all deaths result from three causes: heart disease, cancer, and stroke (Office of the State Registrar, 1997). The behaviors which lead to these adult causes of death are frequently interrelated; often they are established during youth and extend into adulthood.

In order to monitor these priority health-risk behaviors among youth and young adults across the country, the Youth Risk Behavior Survey (YRBS) was developed by the National Centers for Disease Control and Prevention (CDC) in collaboration with representatives from 71 state and local departments of education and 19 other federal agencies. The YRBS has been conducted by state and local education agencies across the United States since the spring of 1990 to assess the prevalence of health-risk behaviors that contribute to the leading causes of death, disease, and social problems among youth and adults. These behaviors fall into six categories:

1) behaviors that result in intentional and unintentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that may result in HIV, sexually transmitted diseases, and unintended pregnancies; (5) dietary behaviors; and (6) physical activity.

The YRBS has been administered in Michigan every other year since 1991. The number of participating schools has steadily increased each year from five schools in the first year to 71 schools in 1997. Earlier administrations of the YRBS in Michigan did not obtain sufficient participation from schools and students to generalize the results to the entire state.

The 1997 Michigan YRBS is significant because it is the first scientific study of Michigan youth risk behavior that obtained a representative state sample of ninth through twelfth grade students in public schools. As a result, the findings reported here may be applied to Michigan public high school students as a group, thereby providing a complete state portrait of student health-risk behavior. The 1997 data serve as a baseline of information which will be used to measure future progress and change in the health-risk behaviors of Michigan youth. After examining the YRBS results to determine current health and education needs, the Michigan Department of Education, along with other state, local, and private agencies, will use the data to plan and implement additional targeted programs to address these needs.

Survey Methods

The Michigan Department of Education (MDE) and Detroit Public Schools (DPS) were funded to administer the YRBS separately. The MDE administered the survey to students in outstate Michigan (i.e., all public schools in Michigan excluding DPS) while DPS administered the survey to students in its system. For the outstate survey, MDE independently added three questions¹ to the original 84-item survey while DPS administered the original 84-item survey without added questions. (See Appendix, page 51 for the complete survey.) The CDC combined the 1997 data from the two separate survey administrations to allow for one cohesive statewide interpretive report.²

Because surveying every student in Michigan high schools was impractical and costly, a sample of the entire population was scientifically selected. A multi-stage sampling design was used. First, schools were randomly selected from all eligible schools with probability of selection proportional to size of school (i.e., larger schools were more likely to be selected than smaller schools). Then, classrooms were randomly selected within schools so that every student in grades nine through twelve had an equal chance of being included in the sample. This process was used to ensure that the final sample would be representative of Michigan students.

In the spring of 1997, the Youth Risk Behavior Survey was administered to students in randomly selected public high schools across Michigan. Of 84 schools randomly chosen, 71 (85%) agreed to participate. The multiple-choice YRBS was administered to students attending class on the day of the survey. Usable questionnaires were obtained from 3,933 students (74% of those enrolled in selected classrooms). Trained survey administrators were available to facilitate uniform surveying procedures consistent with those recommended by the CDC. To encourage accurate responses to sensitive questions, a strict protocol was implemented to protect the privacy and confidentiality of all participating students. Participation was anonymous and voluntary. Students could decline to participate, turn in blank or incomplete survey forms, or stop completing the survey at any time. Parents were notified in advance and had the option to exclude their children from the survey. The protocols used in the YRBS ensured that participating schools were not violating any federal laws protecting students' rights and privacy, including the Protection of Pupil Rights Amendment and the Family Educational Rights and Privacy Act (FERPA).

¹ Additional questions addressed helmet use while rollerblading or skateboarding and parental expectations of sexual behaviors. See questions #8, #9, #58 in Appendix.

² For further information on results of the 1997 Detroit YRBS, contact the Office of Research, Evaluation, and Assessment, Detroit Public Schools at 313-494-2022.

Sample Description

Of the 3,933 students participating in the Michigan YRBS, 47% (1,848) were male and 53% (2,069) were female. The grade distribution of respondents was as follows: 30% in 9th grade; 27% in 10th grade; 21% in 11th grade; and 22% in 12th grade. Students self-identified as white, black, Hispanic/Latino, Asian/Pacific Islander, American Indian/Alaskan Native, or other. Specific survey results for students identifying as Hispanic/Latino, Asian/Pacific Islander, American Indian/Alaskan Native, or other, could not be included in this report due to small sample sizes that yield relatively imprecise results (i.e., results that have large margins of error).

To correct for any differences between the YRBS sample and the overall Michigan high school population, the responses were statistically weighted by the CDC. Weighting is a procedure that adjusts for oversampling and any discrepancies between the sample and the entire population from which the sample is drawn. The weighted survey results that are presented in this report accurately reflect the gender, grade, and race/ethnicity distribution of public high school students in the state. Therefore, these findings can be generalized beyond the sample to all Michigan public high school students.

Survey Limitations

As with every survey instrument, the YRBS has certain limitations. Respondents in self-reported surveys may have a tendency to under-report behaviors that are socially undesirable, unhealthy, or illegal (e.g., alcohol consumption, drug use, and seat belt non-usage) and over-report behaviors which are socially desirable (e.g., amount of exercise). In addition, the survey sample did not include individuals who are not in school and may be engaging in more health-risk behaviors.



The 1997 Interpretive Report

This report has been written to assist decision-makers, including national, state, and local officials in the fields of education, public health, mental health, and public safety. The data will assist in developing a national picture of youth risk behaviors and will inform state officials, local health program coordinators, teachers, community organizers, and the public about the current health-related high-risk behaviors and educational needs of our youth.

In order to provide a more complete understanding of the YRBS results, this report presents background information for each of the behavior subject areas, including: National Year 2000 Health Objectives; a paragraph, “Of Vital Concern,” which describes the CDC rationale for survey questions; and a “Michigan Picture” which

provides information on related outcomes and adult behaviors in Michigan. Results from each survey question are presented followed by “A Closer Look,” which highlights statistically significant³ differences between males and females, 9th and 12th graders, and white and African-American students⁴ as well as statistically significant differences between Michigan youth and their national counterparts.⁵ In the interests of brevity, this section does not include all differences between subgroups that are statistically significant. This report was designed to allow the reader to draw conclusions about the importance of the priority health behaviors and the extent to which Michigan public high school students put themselves at risk for death, disease, and social problems.

³ Differences were considered statistically significant if $p < .05$.

⁴ The numbers of students identifying as Hispanic/Latino, Asian/Pacific Islander, American Indian/Alaskan Native or Other were too small to make valid statistical comparisons between groups.

⁵ Because the 1997 Michigan data are more current than the 1995 national YRBS, differences noted may in part be due to time rather than regional trends.

Intentional & Unintentional Injuries

Safety Belt Use

National Year 2000

Health Objective

- Increase the use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of motor vehicle occupants.

Of Vital Concern

Seat belt use is estimated to reduce motor vehicle fatalities by 40% to 50% and serious injuries by 45% to 55% (National Committee for Injury Prevention and Control, 1989). Increasing the use of automobile safety restraint systems to 85% could save an estimated 10,000 American lives per year (U.S. Department of Health and Human Services, 1990a).

The Michigan Picture

An increase in safety belt use and a reduction in the rate of alcohol involvement in fatal crashes have helped to decrease the death rate in Michigan (Michigan Department of Community Health, 1997). However, the leading cause of death for young people is still the motor vehicle crash. In 1996, 317 persons ages 16 through 24 years died in motor vehicle crashes in Michigan, accounting for almost one-quarter of all traffic deaths. In addition, 36,701 teenagers and young adults were injured in traffic crashes in 1996. Five out of six accidental deaths for this age group were due to motor vehicle crashes. Fifty-eight percent of all persons killed in such crashes were not wearing seat belts. Michigan occupants in crashes are 11 times more likely to be killed if not wearing their seat belts (Office of Highway Safety Planning, 1997).

Survey Results

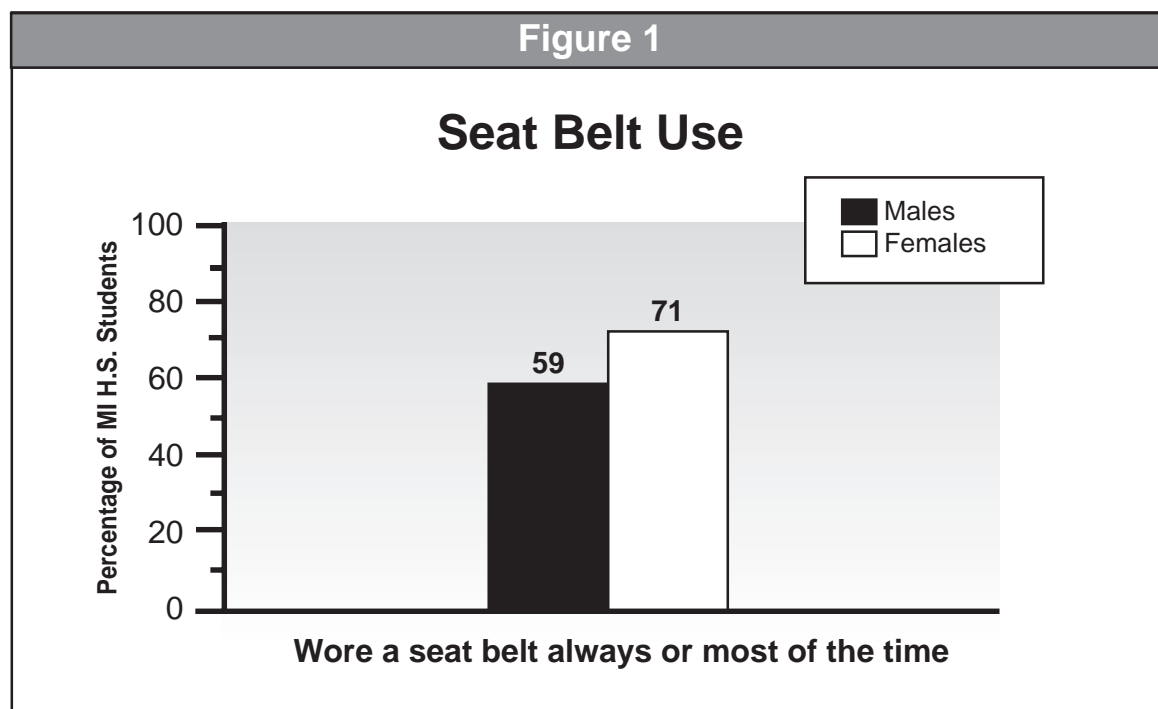
- 65% of Michigan high school students indicated that they wore a seat belt always or most of the time when riding in a car driven by someone else; 19% never or rarely wore a seat belt when riding in a car driven by someone else.

A Closer Look

Male students and African-American students were less likely than female and white students to wear seat belts.

- 59% of males, compared to 71% of females, indicated that they wore a seat belt always or most of the time (see Figure 1). Male students (23%) indicated that they rarely or never wore a seat belt significantly more often than female students (14%).
- 42% of African-American students, compared to 70% of white students, wore a seat belt always or most of the time. 30% of African-American students, compared to 15% of white students, rarely or never wore a seat belt.

Figure 1



Helmet Use

National Year 2000

Health Objective

- Increase the use of helmets to at least 80% of motorcyclists and at least 50% of bicyclists.

Of Vital Concern

Head injury is the leading cause of death in motorcycle and bicycle crashes (National Committee for Injury Prevention and Control, 1989). The risk of head injury for unhelmeted bicyclists is more than six and one-half times greater than that for helmeted riders (Thompson, Rivara, & Thompson, 1989). Unhelmeted motorcyclists are much more likely than helmeted riders to incur

fatal and nonfatal head injuries. A recent study by the National Highway Traffic Safety Administration (1996) indicated that for those involved in a motorcycle crash, helmet use reduced the odds of dying by 35 percent.

The Michigan Picture

In 1996, 32 bicyclists were killed on Michigan roads and 2,534 bicyclist injuries were reported. In addition, there were 2,468 motorcycle-involved crashes in which 62 people were killed and 2,200 injured. The number of deaths due to motorcycle crashes has dropped significantly from a high of 209 in 1973 since motorcycle helmet laws were enacted in Michigan (Office of Highway Safety Planning, 1997).

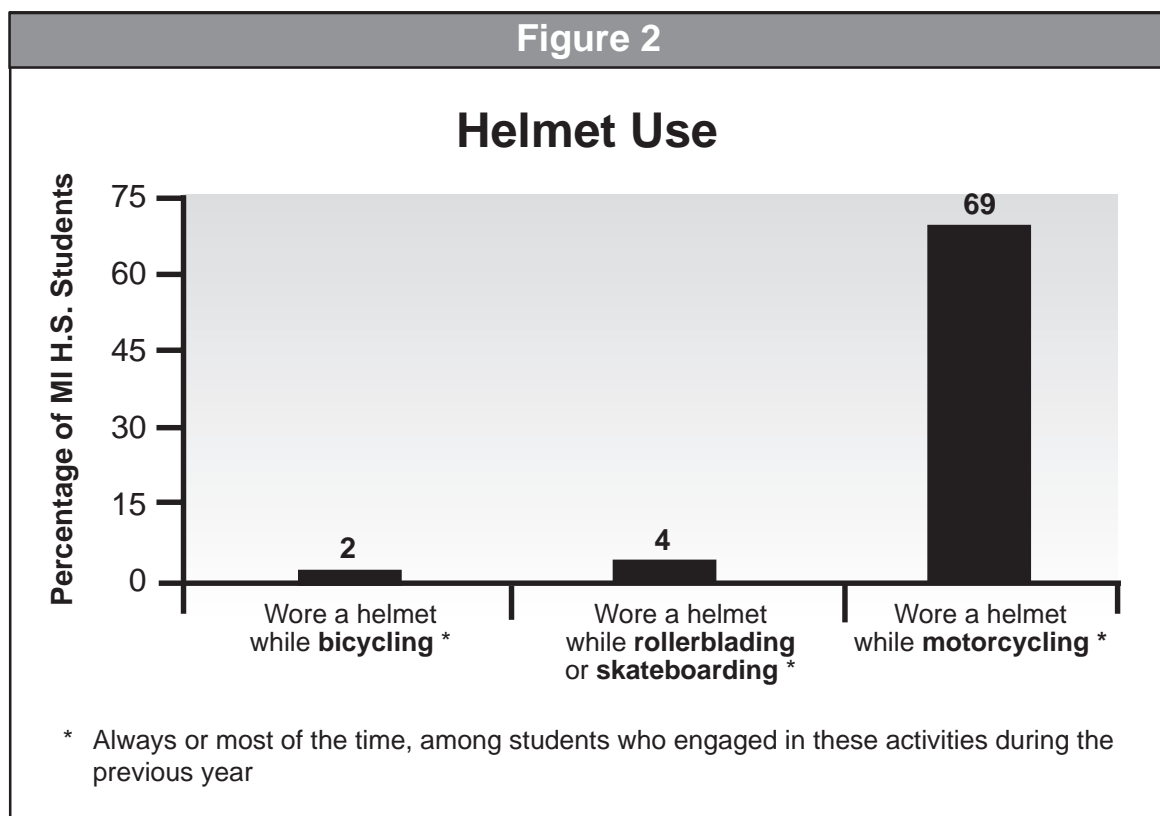
Survey Results

- 82% of Michigan high school students rode a bicycle during the previous 12 months. Of those, only 2% reported wearing a helmet always or most of the time (see Figure 2). The vast majority (95%) never or rarely wore a helmet.
- 59% rollerbladed or skateboarded⁶ during the previous 12 months. Of those, only 4% reported wearing a helmet always or most of the time (see Figure 2). Most students (94%) never or rarely wore a helmet.
- 23% of all students rode a motorcycle during the previous 12 months. Of those, 69% reported wearing a helmet always or most of the time (see Figure 2). One-quarter (24%) never or rarely wore a motorcycle helmet.

A Closer Look

Michigan youth compared favorably to their national counterparts in motorcycle helmet use. Among Michigan youth, African-American students who rode a motorcycle were less likely than white students to wear a motorcycle helmet.

- 24% of Michigan high school students, compared to 44% of students nationally, reported never or rarely wearing a motorcycle helmet.
- 39% of African-American students reported never or rarely wearing a motorcycle helmet.



⁶ The two rollerblading/skateboarding questions were added only to outstate Michigan surveys, hence results apply to Michigan excluding Detroit.

Weapons Carrying & Physical Fighting

National Year 2000

Health Objective

- Reduce by 20% the incidence of weapon carrying by adolescents ages 14-17 years.
- Reduce by 20% the incidence of physical fighting by adolescents ages 14-17 years.

Of Vital Concern

Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife, or club. Homicide is the second leading cause of death among all adolescents and young adults (National Center for Health Statistics, 1990a) and leading killer of African-American adolescents and young adults (U.S. Department of Health and Human Services, 1990b). Fighting is the most important antecedent behavior for a great proportion of homicides among adolescents (U.S. Department of Health and Human Services, 1990a). The immediate accessibility of a firearm or other lethal weapon often is the factor that turns a violent altercation into a lethal event (Rivara, 1985). Unintentional firearm-related fatalities are also a critical problem among children and young adults in the United States (Wood & Mercy, 1988).

The Michigan Picture

In Michigan, homicide is the second leading cause of death for people ages 10 to 19 years. The Michigan homicide death rate for 15 through 19-year-olds is ten times the death rate for children ages one to 14 (Violence Prevention Section, 1998). In 1996, nearly one-third (30%) of all Michigan homicide deaths were of youth ages 15 through 24 years (Office of the State Registrar, 1997a).

Survey Results

- During the previous 30 days, one-fifth (19%) of Michigan high school students carried a gun, knife, or club; 8% carried a weapon on school property.
- 7% reported carrying a gun during the previous 30 days.
- About one-quarter (27%) fought with a friend or someone they knew the last time they were in a physical fight.
- 9% were threatened or injured with a weapon on school property one or more times during the previous 12 months.
- Over one-third (35%) of Michigan high school students had property stolen or deliberately damaged on school property during the previous 12 months.
- During the previous year, 36% were in a physical fight one or more times and 15% were in a physical fight on school property; 4% were injured in a physical fight and had to be treated by a doctor or nurse.
- 5% had missed at least one day of school during the previous 30 days because they felt unsafe at school or traveling to or from school.

A Closer Look

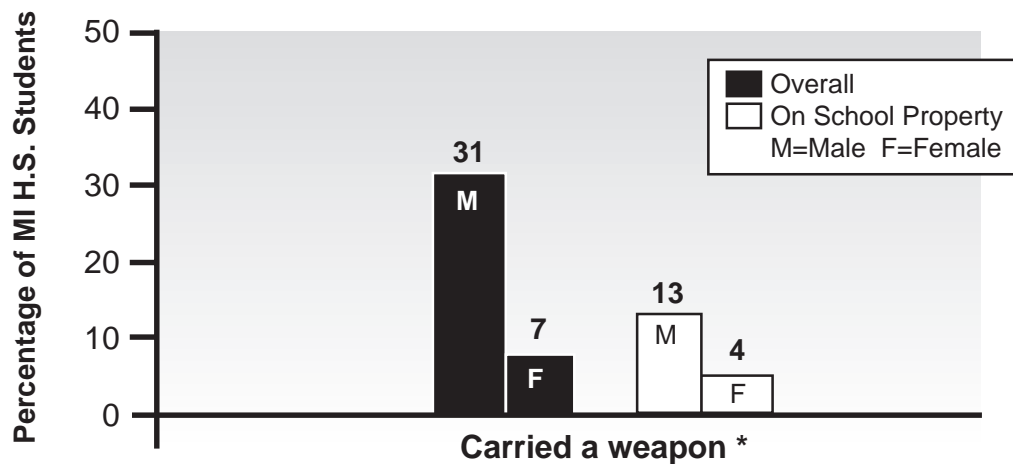
Ninth grade students and male students were more likely than 12th graders and female students respectively to engage in behaviors related to weapon carrying and physical fighting (see Figures 3, 4 and 5).

- On school property, 9th graders were significantly more likely than 12th graders to be at risk:
 - 39% of 9th graders versus 29% of 12th graders had property stolen or deliberately damaged.
 - 19% of 9th graders versus 10% of 12th graders engaged in physical fighting; and

- 11% of 9th graders versus 6% of 12th graders were threatened or injured with a weapon.
- Male students were significantly more likely to carry a weapon than female students:
 - 31% of males, compared to 7% of females, carried a weapon; and
 - 13% of males, compared to 4% of females, carried a weapon on school property.
- During the previous 12 months, 48% of males were in a physical fight and 22% of males were in a physical fight on school property.

Figure 3

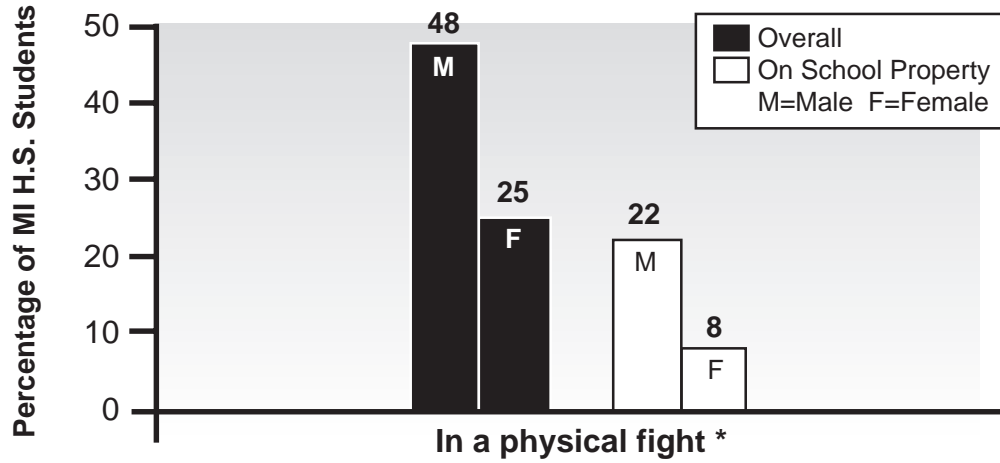
Weapon Carrying: Overall and on School Property



* During the previous 30 days

Figure 4

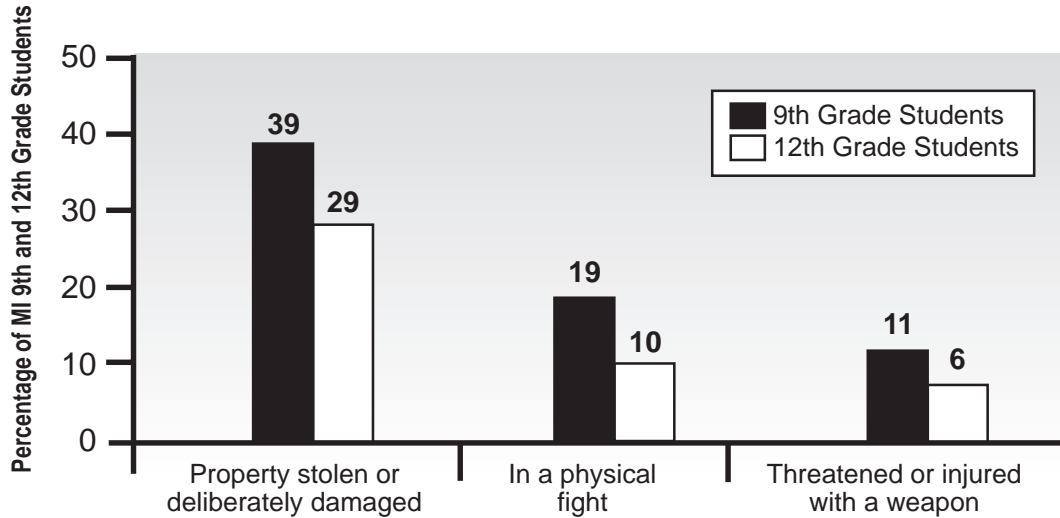
Physical Fighting: Overall and on School Property



* During the previous 12 months

Figure 5

Violence and Threats on School Property Previous 12 Months 9th and 12th Grades



Suicide

National Year 2000

Health Objective

- Reduce by 15% the incidence of injurious suicide attempts among adolescents ages 14-17 years.

Of Vital Concern

Suicide is the third leading cause of death among youth ages 15 through 24 years and the second leading cause of death among white males ages 15 through 24 years (National Center for Health Statistics, 1990b). The documented suicide rate for persons in this age group has tripled since 1950 (U.S. Department of Health and Human Services, 1990b).

The Michigan Picture

In 1996, Michigan lost 156 youths ages 15 through 24 to suicide; of this number, 86% were males (Office of the State Registrar, 1997b). Females are more likely than males to engage in suicidal thoughts and behaviors but less likely to actually commit suicide. Males are more likely to commit suicide because they tend to choose more lethal methods.

Survey Results

During the previous 12 months:

- Almost one-quarter (24%) of Michigan high school students seriously considered attempting suicide.
- 19% of students made a specific plan to attempt suicide.
- 10% attempted suicide and 3% attempted suicide resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

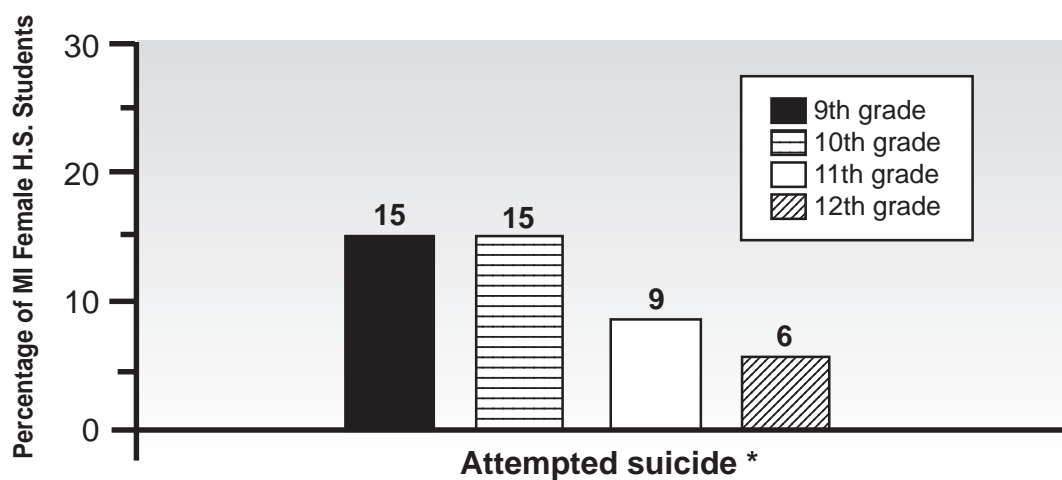
A Closer Look

Ninth and 10th grade high school students were more likely than 12th grade students and females were more likely than males to engage in suicidal thoughts and behaviors (see Figures 6 and 7).

- One-third (31%) of 10th graders compared to 21% of 12th graders seriously considered attempting suicide during the previous 12 months.
- 15% of 9th and 15% of 10th grade females, compared to 6% of 12th grade females, attempted suicide during the previous 12 months.

Figure 6

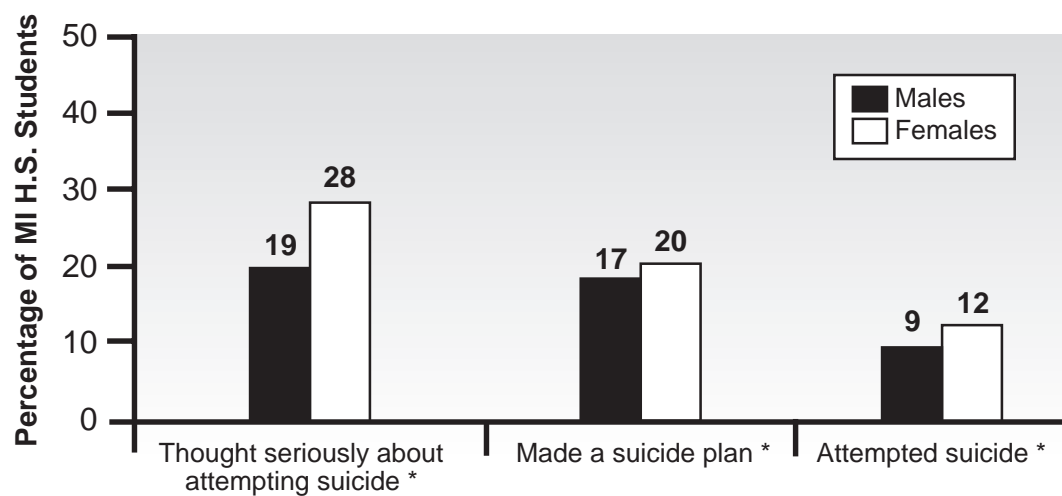
Female Risk of Suicide by Grade Level



* During the previous year

Figure 7

Risk of Suicide by Gender



* During the previous year

Tobacco, Alcohol, & Other Drug Use

Tobacco Use

National Year 2000

Health Objective

- Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20.
- Increase by at least one year the average age of first use of cigarettes, alcohol, and marijuana by adolescents ages 12-17 years.
- Reduce smokeless tobacco use by males ages 12-24 to a prevalence of no more than 4%.

Of Vital Concern

Tobacco use is considered the chief preventable cause of death in the United States (Office on Smoking and Health, 1989; U.S. Department of Health and Human Services, 1994) accounting for approximately one in five of all U.S. deaths (McGinnis & Foege, 1993). Smoking causes heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease. In addition, smoking is related to poor academic performance and the use of alcohol and other drugs (Johnston, O'Malley, & Bachman, 1987). Over one million teenagers begin smoking each year (U.S. Department of Health and Human Services, 1990b). Oral cancer occurs more frequently among smokeless tobacco users than non-users and may be 50 times as frequent among long-term snuff users. Smokeless tobacco use can lead to the development of gum disease and can cause addiction to nicotine (Public Health Service, 1986). Between 1970 and

1986, the prevalence of snuff use increased 15 times among men ages 17-19 years (Office on Smoking and Health, 1989).

The Michigan Picture

Smoking is the leading cause of preventable deaths in Michigan. It is estimated that 15,000 Michigan smokers die each year from tobacco-caused illnesses and up to 2,000 non-smokers die each year as a result of exposure to secondhand smoke. Ninety percent of smokers begin before age 21, and virtually no one begins to smoke after age 25 (Michigan Department of Community Health, 1997).

Survey Results

- Three-fourths (75%) of Michigan high school students had tried cigarette smoking (see Figures 8, 9, and 10 for substances tried by high school students).
- One-quarter (27%) had smoked a cigarette before age 13.
- 38% are current smokers (smoked cigarettes during the previous 30 days) and 17% smoked cigarettes on school property during the previous 30 days (see Figure 11 for substance use on school property).
- 20% of Michigan youth smoked regularly (on 20 or more of the previous 30 days).
- 27% smoked 2 or more cigarettes per day on the days that they smoked.
- More than one-third (38%) of all students have tried to quit smoking cigarettes.
- 15% of all students got their own cigarettes by purchasing them in a store or gas station during the previous 30 days.

- 52% of those who purchased cigarettes in a store or gas station during the previous 30 days (13% of all students) were not asked to show proof of age.
- During the previous 30 days, 8% used smokeless tobacco and 4% used smokeless tobacco on school property.

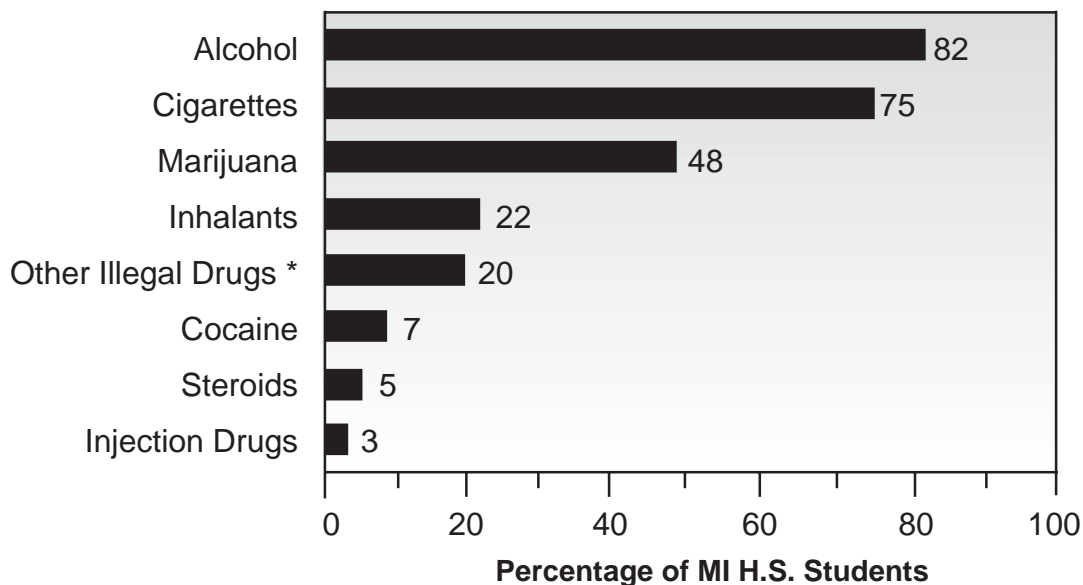
A Closer Look

12th graders were more likely than 9th graders and white students and were more likely than African-American students to use tobacco.

- Almost half (47%) of 12th graders versus 32% of 9th graders were current cigarette smokers (smoked on one or more of the previous 30 days).
- 29% of 12th graders versus 13% of 9th graders smoked cigarettes regularly (on 20 or more of the previous 30 days).
- 41% of white students, compared to 19% of African-American students, were current cigarette smokers.
- Over one-fifth (22%) of white students, compared to only 7% of African-American students, smoked cigarettes regularly.

Figure 8

Tobacco, Alcohol, and Other Drugs: Ever Used



* Other illegal drugs included LSD, PCP, ecstasy, mushrooms, speed, ice or heroin

Figure 9

Alcohol, Tobacco, and Marijuana Use Last 30 Days

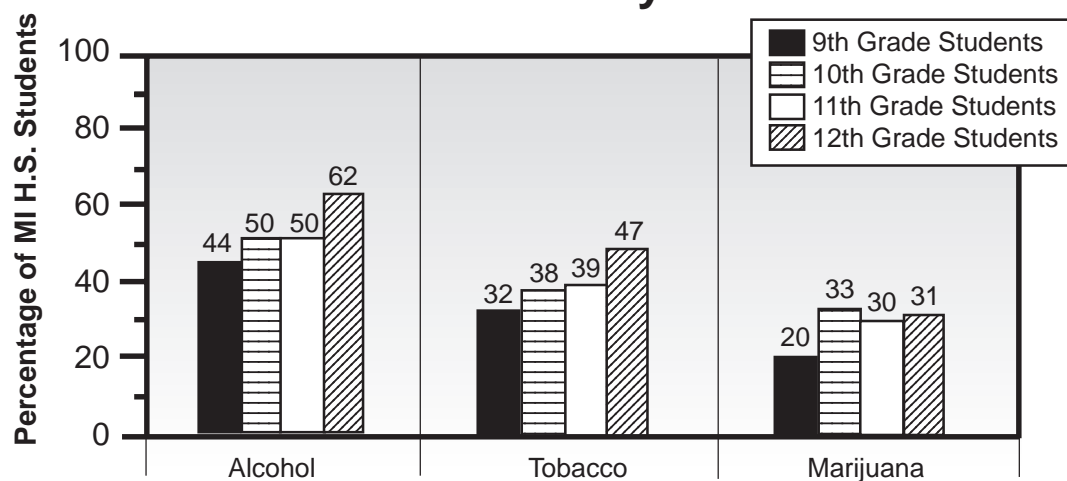
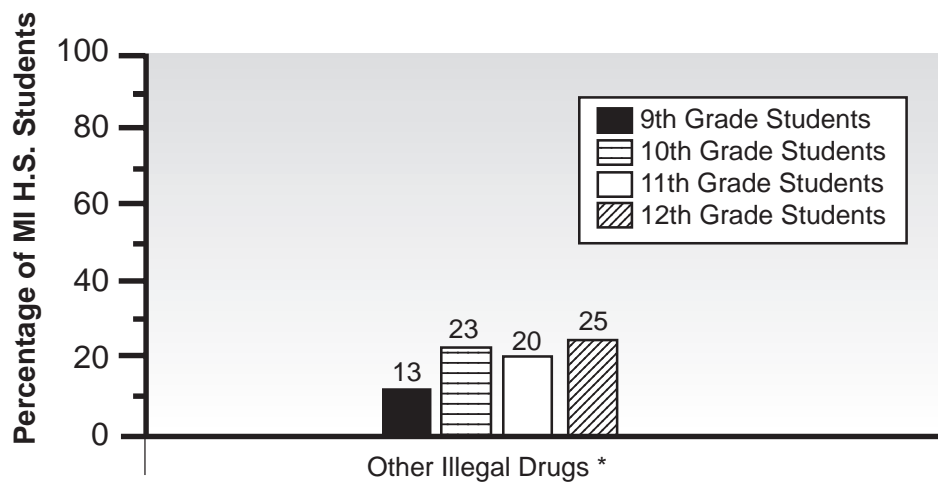


Figure 10

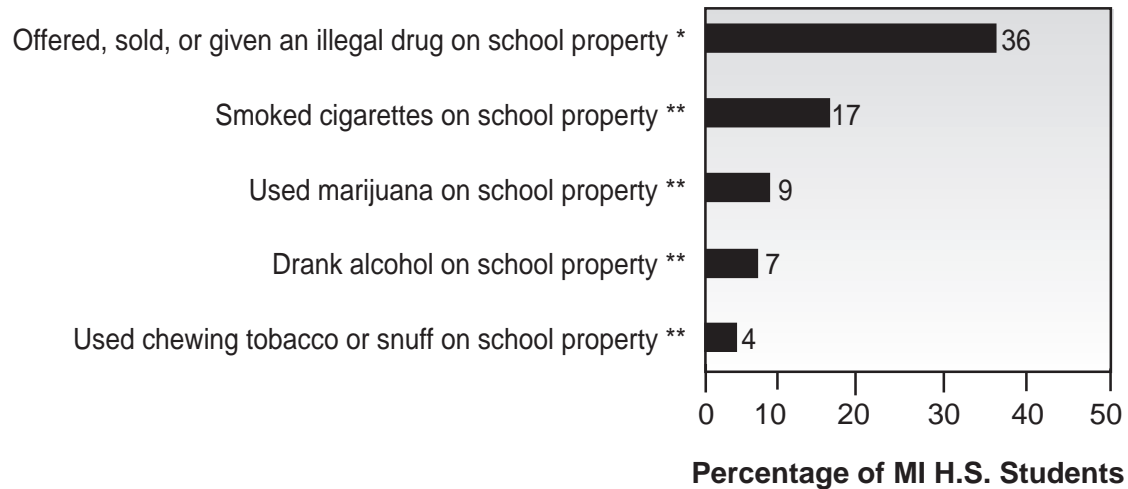
Other Illegal Drugs Ever Used



* Other illegal drugs include LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin.

Figure 11

Drug Exchange and Use on School Property



* During previous year

** During previous 30 days

Alcohol Use

National Year 2000

Health Objective

- Increase by at least one year the average first use of cigarettes, alcohol, and marijuana by adolescents ages 12-17 years.
- Reduce the proportion of young people who have used alcohol in the previous 30 days to 12.6% of youth ages 12-17 and 29% among youth ages 18-20 years.

Of Vital Concern

Alcohol is a major factor in approximately half of all homicides, suicides, and motor vehicle crashes (Perrine, Peck, and Fell, 1988), which are the leading causes of death and disability among young people (U.S. Department of Health and Human Services, 1990b). Heavy drinking among youth has been linked conclusively to physical fights, destruction of property, academic and job problems, and trouble with law enforcement authorities (Dryfoos, 1987). Binge drinking is a serious problem on college campuses. Nearly half of all college students in the United States engage in binge drinking. Students who binge drink in high school are almost three times more likely to be binge drinkers in college (Wechsler, Dowdall, Davenport & DeJong, 1995).

The Michigan Picture

In 1995, 733 Michigan deaths were alcohol-induced. It can be estimated that this number substantially underestimates the overall impact of alcohol abuse on the population (Michigan Department of Community Health, 1997).

Survey Results

- 82% of Michigan high school students have tried alcohol.
- Over one-third (35%) of all students and 43% of 9th graders had their first full drink of alcohol before age 13.
- During the previous 30 days, over one-half (51%) of all students had at least one drink of alcohol and 7% drank alcohol on school property.
- Nearly one-third (32%) engaged in binge drinking (had 5 or more drinks of alcohol in a row, within a couple of hours) during the previous 30 days.

A Closer Look

12th graders were more likely than 9th graders and white students were more likely than African-American students to use alcohol.

- 62% of 12th graders versus 44% of 9th graders had at least one drink of alcohol during the previous 30 days.
- 45% of 12th graders, compared to 25% of 9th graders, engaged in binge drinking (had 5 or more drinks of alcohol in a row, within a couple of hours) during the previous 30 days.
- Over one-half (54%) of all white students, compared to 37% of African-American students, had at least one drink of alcohol on one or more of the previous 30 days.
- 36% of white students, compared to 15% of African-American students, engaged in binge drinking during the previous 30 days.

Alcohol Use & Motor Vehicle Safety

National Year 2000

Health Objective

- Reduce deaths among youth ages 15-24 years caused by motor vehicle crashes to no more than 33 per 100,000 people.
- Reduce deaths among people ages 15-24 years caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000 people.

Of Vital Concern

Motor vehicle crash injuries, approximately half of which involve alcohol (U.S. Department of Health and Human Services, 1990b), are the leading cause of death among youth ages 15 through 24 in the United States (National Center for Health Statistics, 1991). Alcohol-related traffic crashes cause serious injury and permanent disability and rank as the leading cause of spinal cord injury among adolescents and young adults (National Highway Traffic Safety Association, 1987).

The Michigan Picture

In 1996, 1,339 fatal crashes occurred in Michigan and 36% of those fatal crashes were alcohol-related. Crashes involving drivers who have been drinking tend to be more serious than those that don't involve alcohol. A death in a crash is almost six times more likely when one of the crash-involved drivers is reported as having been drinking. Eighty-one percent of all drinking drivers involved in crashes were male and 24% were younger than 24 years of age (Office of Highway Safety Planning, 1997).

Survey Results

During the previous 30 days:

- Over one-third of Michigan high school students (37%) reported riding with an alcohol-impaired driver.
- 17% drove when they had been drinking.

A Closer Look

12th graders, male students, and white students were more likely than 9th graders, female students, and African-American students, respectively, to drink and drive.

- Nearly one-third (30%) of 12th graders and 18% of 11th graders reported driving a car during the previous 30 days when they had been drinking alcohol.
- Male students (21%) were more likely than female students (12%) and white students (18%) were more likely than African-American students (10%) to drink and drive.

Other Drug Use

National Year 2000

Health Objective

- Increase by at least one year the average first use of cigarettes, alcohol, and marijuana by adolescents ages 12-17 years.
- Reduce the proportion of young people who have used marijuana or cocaine in the previous 30 days as follows: 3.2% of youth ages 12-17 years and 7.8% of youth ages 18-20 years (marijuana use); 0.6% of youth ages 12-17 and 2.3% of youth ages 18-20 (cocaine use).
- Reduce to no more than 3% the proportion of male high school seniors who use anabolic steroids.

Of Vital Concern

One in four American adolescents is estimated to be at very high risk for the consequences of alcohol and other drug problems (Dryfoos, 1987). Drug abuse is related to morbidity and mortality due to injury, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases, including HIV infection (U.S. Department of Health and Human Services, 1990a). Despite improvements in recent years, illicit drug use is greater among high school students and other young adults in America than in any other industrialized nation in the world (Johnston, O'Malley, & Bachman, 1989). Those who begin using alcohol and other drugs when they are young are more likely to be heavy users as adults (Hawkins, Catalano, & Miller, 1992)

The Michigan Picture

In 1996 there were 482 Michigan deaths due to drug overdose. Eleven percent of these deaths occurred among youth and young adults ages 29 and under (Office of the State Registrar, 1997a).

Survey Results

- 48% of Michigan high school students had tried marijuana; 12% tried marijuana for the first time before age 13.
- During the previous 30 days, 28% had used marijuana and 9% used marijuana on school property.
- 7% of students surveyed had used some form of cocaine (including powder, crack or freebase) and 5% used crack or freebase forms of cocaine one or more times during their lives; 2% had tried some form of cocaine (including powder, crack, or freebase) for the first time before age 13.
- 4% had used some form of cocaine during the previous 30 days.
- 22% had used inhalants (e.g., glue, aerosol sprays, or paints) to get high.
- One-fifth of students (20%) had used another type of illegal drug (e.g., LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin).
- 7% of males and 4% of females had taken steroid pills or shots without a doctor's prescription.
- 3% used a needle to inject an illegal drug into their bodies one or more times during their lives.
- More than one-third (36%) had someone offer, sell, or give them an illegal drug on school property during the previous 12 months.

A Closer Look

Michigan youth were more likely than their national counterparts to use marijuana at an early age. Among Michigan youth: 12th graders were more likely than 9th graders to use some drugs; male students were more likely than female students to use marijuana; white students were more likely than black students to use other illegal drugs and inhalants; and African-American students were more likely than white students to use marijuana at an early age.

Michigan youth

- 12% of Michigan high school students, compared to 8% of high school students nationally, tried marijuana for the first time before age 13.

12th graders

- 61% (versus 34% of 9th graders) used marijuana one or more times during their lives.
- 31% (versus 20% of 9th graders) used marijuana during the previous 30 days.
- 25% (versus 13% of 9th graders) used other types of illegal drugs (e.g., LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin) one or more times during their lives.

Male students

- 32% (versus 24% of female students) used marijuana during the previous 30 days.

White students

- 22% (compared to 5% of African-American students) used other types of illegal drugs (e.g., LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin) one or more times during their lives.
- 25% (compared to 9% of African-American students) used inhalants (glue, aerosol sprays, etc.) to get high one or more times during their lives.

African-American students

- 18% (compared to 10% of white students) tried marijuana for the first time before age 13.

Sexual Behaviors That Result In HIV Infection, Other Sexually Transmitted & Diseases, Pregnancy

Sexual Behavior

National Year 2000

Health Objective

- Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 40% by age 17.
- Increase to at least 40% the proportion of ever sexually active adolescents ages 17 and younger who have abstained from sexual activity for the previous 3 months.
- Increase to at least 60% the proportion of sexually active, unmarried young women ages 15-19 who used a condom at last intercourse.
- Increase to at least 75% the proportion of sexually active, unmarried young men ages 15-19 who used a condom during last sexual intercourse.

Of Vital Concern

Major risks of early sexual activity include unwanted pregnancy and sexually transmitted diseases (STDs), including HIV, as well as negative effects on social and psychological development. Number of sexual partners and age of first intercourse are associated with STDs. Alcohol and drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse (Hofferth & Hayes, 1987). Of the 12 million new cases of STDs per year, 86% are among people ages 15 through 19 (Division of Sexually Transmitted Diseases, 1990). STDs may result in infertility, adverse effects on pregnancy outcome and maternal and child health, and facilitation of HIV transmission (U.S. Department of Health & Human Services, 1990b).

The Michigan Picture

In 1996, 19,959 Michigan residents were infected with chlamydia, 15,243 people contracted gonorrhea, and 855 contracted syphilis. Youth and young adults ages 15 through 24 accounted for 60% of all gonorrhea cases, 71% of all chlamydia cases, and 31% of all syphilis cases (Sexually Transmitted Disease Program, 1997). Approximately one-fifth of all Michigan AIDS cases occur in youth and young adults ages 29 and under.

Survey Results

- 51% of Michigan high school students have never had sexual intercourse (68% of 9th graders, 54% of 10th graders, 42% of 11th graders and 35% of 12th graders); 49% of Michigan high school students have had sexual intercourse during their lives (51% of males and 47% of females).
- 34% of all students had sexual intercourse during the previous 3 months (see Figure 12 for a breakdown by grade and gender); of those students:
 - 71% had sex with only one partner;
 - 58% used a condom during the last intercourse; and
 - 22% used birth control pills during the last intercourse.
- Among those students who have ever had sexual intercourse, 50% had only one sex partner and 30% were sexually abstinent during the previous 3 months.
- Among those students who have ever had sexual intercourse, 31% drank alcohol prior to the last time they had sexual intercourse.

- 8% of all Michigan high school students had sexual intercourse before age 13.
- 16% of all students had intercourse with 4 or more people during their lives.

A Closer Look

Twelfth graders were more likely than 9th graders to have sexual intercourse and use birth control pills and less likely to take precautions against STDs by using condoms (see Figure 13). White students were less likely than African-American students to use condoms. African-American students, especially African-American male students, were more likely than white students to have sexual intercourse.

- 65% of the 12th graders, compared to 32% of the 9th graders, reported having sexual intercourse during their lives; of students who have had sex during the previous 3 months, 48% of 12th graders, compared to 67% of 9th graders, used a condom during the last intercourse.
- 12th graders (19%) were more likely than 9th graders (9%) to have sex under the influence of alcohol or drugs.
- Of students who had sexual intercourse during the previous 3 months, 56% of white students, compared to 75% of African-American students, used a condom during the last intercourse.
- 46% of African-American students, compared to 32% of white students, had sex during the previous 3 months; 57% of African-American males, compared to 27% of white males, had sex during the previous 3 months.
- 22% of African-American students, compared to 5% of white students, reported having sexual intercourse before age 13; 37% of African-American males, compared to 6% of white males, reported having sex before age 13.

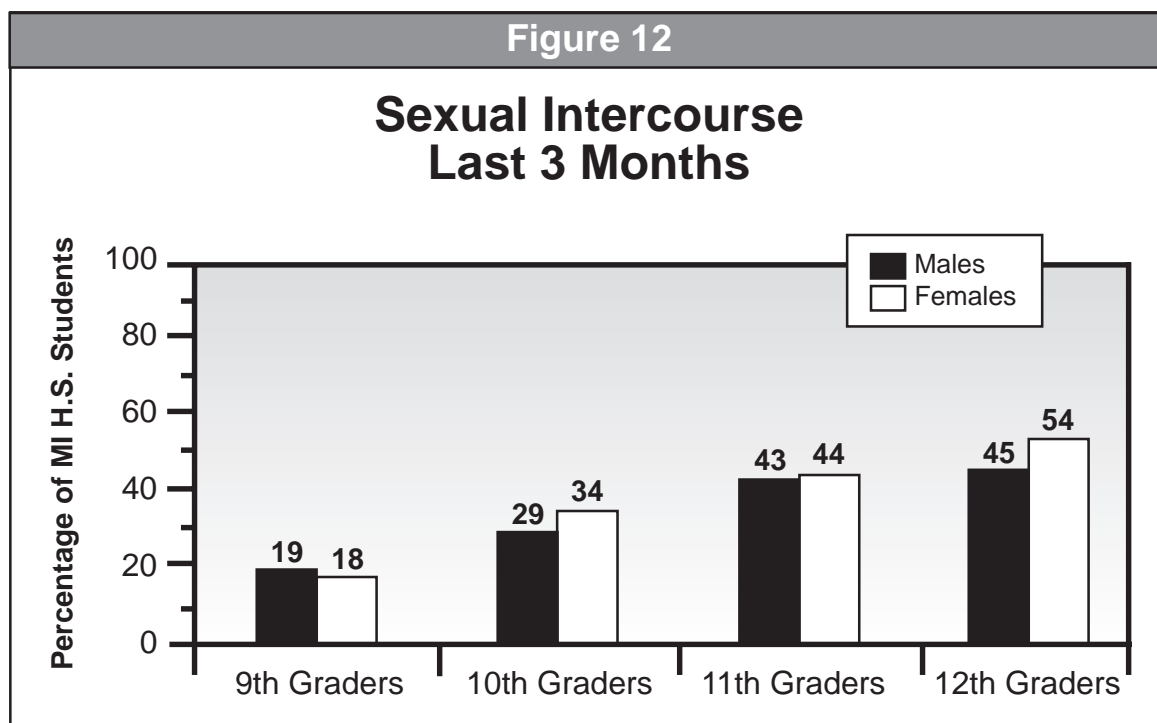
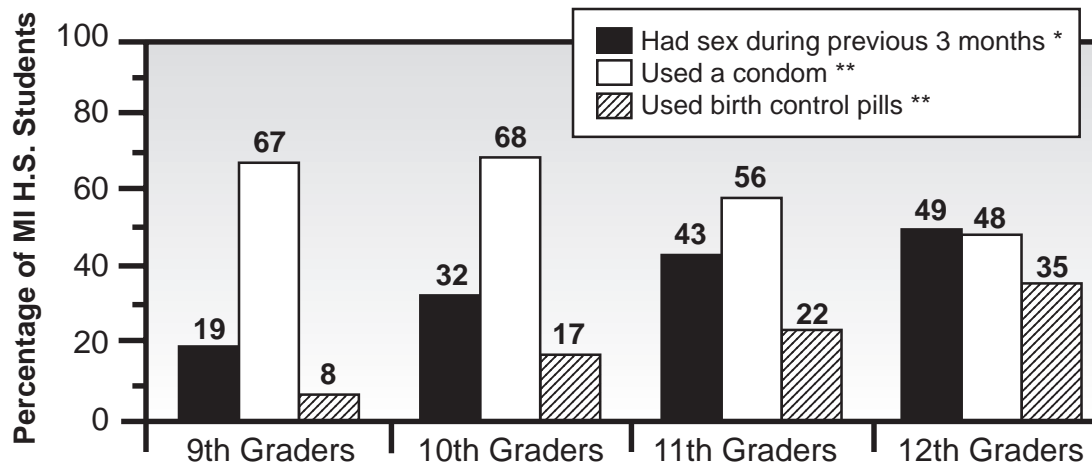


Figure 13

Sexual Activity, STD Risk Reduction, and Birth Control Pills



* During previous 3 months

** Last intercourse, among students who had sex during the previous 3 months

Pregnancy

National Year 2000 Health Objective

- Reduce pregnancies among girls ages 17 and younger to no more than 50 per 1,000 adolescents.
- Increase to at least 90% the proportion of sexually active, unmarried people ages 19 and younger who use contraception, especially a combined method contraception that both effectively prevents pregnancy and provides barrier protection against disease.

Of Vital Concern

More than one million teenage girls in the United States become pregnant each year, just over 400,000 teenagers obtain abortions, and nearly 470,000 give birth (Hofferth & Hayes, 1987). Teenagers account for one-third of all unintended pregnancies, with 75% of teenage pregnancies occurring among adolescents who are not practicing contraception (Westoff, 1988). The United States leads all other Western developed countries in rates of adolescent pregnancy, abortion, and childbearing (Hofferth & Hayes, 1987).

The Michigan Picture

Teen pregnancy rates are steadily dropping in Michigan, as in the rest of the United States. In 1996, an estimated 25,844 females 15 through 19 years of age were pregnant. This represents a rate of 77.2 pregnancies per 1,000 females in that age group, down from a peak rate of 98.5 in 1990 (Office of the State Registrar, 1997c). Although rates are declining, unintended teenage pregnancies continue to pose significant personal, social, medical, and financial costs.

Survey Results

- Of Michigan high school students who have had sexual intercourse, 16% reported using no method or being unsure of the method used to prevent pregnancy the last time they had sex.
- Of students who have had sexual intercourse during the previous 3 months, 35% of 12th graders and 8% of 9th graders used birth control pills to prevent pregnancy the last time they had sex.
- 6% reported that they had been pregnant or gotten someone pregnant.

A Closer Look

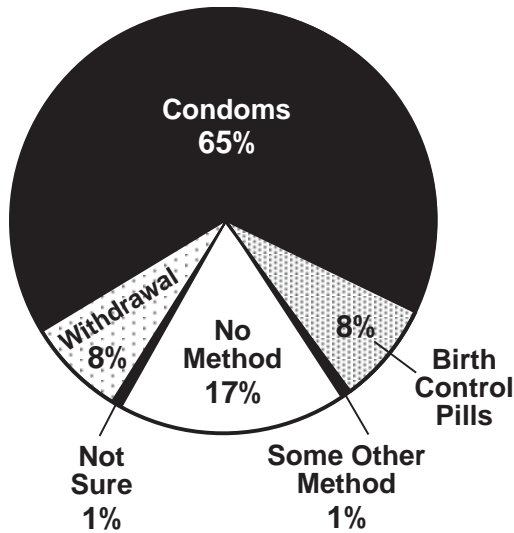
Twelfth graders were less likely than 9th graders to use condoms and more likely to use birth control pills (see Figure 14). African-American female students were less likely than white female students to use birth control pills and more likely to report having been pregnant.

- At last intercourse, among students who have had sexual intercourse, 42% of 12th graders versus 65% of 9th graders used condoms; 30% of 12th graders versus 8% of 9th graders used birth control pills.
- 9% of African-American students, compared to 26% of white students, reported using the pill as a method of contraception.
- 18% of African-American female students, compared to 5% of white female students, reported having been pregnant one or more times.

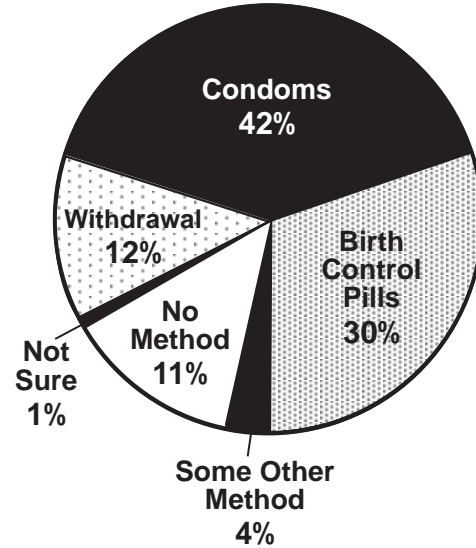
Figure 14

Method of Contraceptive Used *

9th Grade Females



12th Grade Females



* At last intercourse, among 9th and 12th grade females who have had sexual intercourse

HIV/AIDS Education & Family Communication

Of Vital Concern

Acquired immunodeficiency syndrome (AIDS) is the only major disease in the United States for which mortality is increasing (U.S. Department of Health and Human Services, 1990b). AIDS is the leading cause of death among people ages 25 through 44 years (Centers for Disease Control and Prevention, 1996a) and the sixth leading cause of death for youth ages 15 through 24 years (National Center for Health Statistics, 1993). Nearly one-fourth of all AIDS cases are reported among young adults ages 20 through 29 years—people who were probably infected as teenagers. Currently, education is the most effective tool for fighting the spread of HIV infection.

The Michigan Picture

HIV/AIDS is one of the leading causes of death in persons ages 25 through 44 years. Approximately 10,000 Michigan residents are living with HIV infection. In 1996, approximately 1,000 persons were newly diagnosed with AIDS. It is expected that another 1,000 persons will be diagnosed with AIDS in Michigan each year until the end of the century (Michigan Department of Community Health, 1997). Because this disease may not manifest itself for nearly a decade after exposure to the virus, it is estimated that significant numbers of HIV-infected young adults contracted the virus during their teenage years. Since the late 1980s, schools have been required by the Michigan law to teach “the principal modes by which dangerous communicable diseases, including, but not limited to, HIV infection

and AIDS, are spread and the best methods for the restriction and prevention of these diseases.” Local school districts have considerable autonomy, however, regarding the nature and extent of HIV/AIDS instruction.

Survey Results

- 88% of Michigan high school students had been taught about HIV infection or AIDS in school.
- 60% talked about AIDS or HIV infection with a parent or other adult family member.
- 68% had parents or other adult family members talk with them about their expectations regarding sexual activity.⁷

A Closer Look

Female students and African-American students were more likely than male students and white students respectively to have had discussions with adult family members about HIV/AIDS or expectations regarding sexual activity.

- 64% of female students, compared to 56% of male students, had talked about AIDS or HIV infection with their parents or other adults in their families.
- 73% of female students, compared to 63% of male students, had a parent or adult family member talk with them about expectations regarding sexual activity.
- 68% of African-American students, compared to 59% of white students, had talked about AIDS or HIV infection with their parents or other adults in their families.

⁷ The question addressing parental expectations regarding sexual activity was added only to outstate Michigan surveys, hence results apply to Michigan excluding Detroit.

Dietary Behaviors

Obesity, Body Image, & Weight Management

National Year 2000 Health Objective

- Reduce overweight to a prevalence of no more than 20% among people ages 20 and older and no more than 15% among adolescents ages 12-19 years.
- Increase to at least 50% the proportion of overweight people ages 12 years and older who have adopted sound dietary practices and regular physical activity to attain an appropriate body weight.

Of Vital Concern

Obesity and extreme obesity appear to be increasing by as much as 39% and 64%, respectively, among adolescents ages 12 through 17 years (Gormaker, Dietz, Sobol, & Wehler, 1987). Obesity acquired during childhood or adolescence may persist in adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some cancer, and gall bladder disease (Public Health Service, 1988). In addition, children and adolescents often experience social and psychological stress related to obesity (U.S. Department of Health and Human Services, 1990b). Obesity in adolescence has been related to depression, family relation problems, and poor school performance (Stein, 1987). Overemphasis on thinness during adolescence may contribute to eating disorders, such as anorexia nervosa and bulimia (Herzog & Copeland, 1985; Mitchell & Eckert, 1987). Adolescent females

represent a high-risk population for the development of this health problem and compose 90% to 95% of all patients with eating disorders.

The Michigan Picture

In 1995, 31% of Michigan's adult population was overweight.⁸ Michigan was the fifth worst in the nation (tied with Mississippi) with respect to the percent of its adult population that is overweight (Michigan Department of Community Health, 1997).

Survey Results

- Nearly one-third (30%) of Michigan high school students described themselves as being slightly or very overweight.
- 45% of all students reported that they were trying to lose weight.
- To control weight during the previous 30 days:
 - over one-half (56%) of all students exercised;
 - one-third (32%) dieted;
 - 6% vomited or took laxatives; and,
 - 7% took diet pills.

⁸ "Overweight" is defined as having a body mass index (BMI) greater than or equal to the 85th percentile.

A Closer Look

Michigan youth were more likely than their national counterparts to exercise in order to control their weight. Among Michigan youth, female students were more likely than male students to see themselves as overweight and engage in weight control behaviors (see Figures 15 and 16).

- 56% of Michigan youth, compared to 51% of youth nationally, exercised to lose weight or keep from gaining weight during the previous 30 days.

- 39% of female students versus 22% percent of male students thought they were overweight.
- Two-thirds of females (63%) versus one-quarter of males (27%) were trying to lose weight.
- 9% of females versus 3% of males had vomited or taken laxatives to control weight during the previous 30 days.

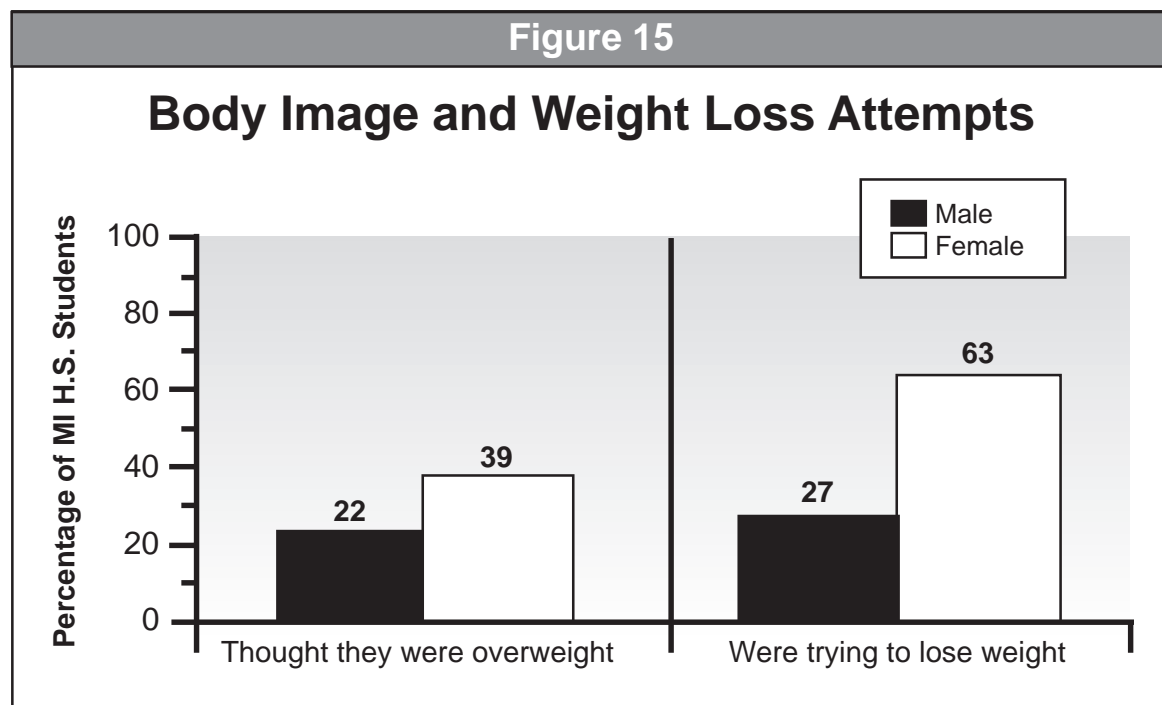
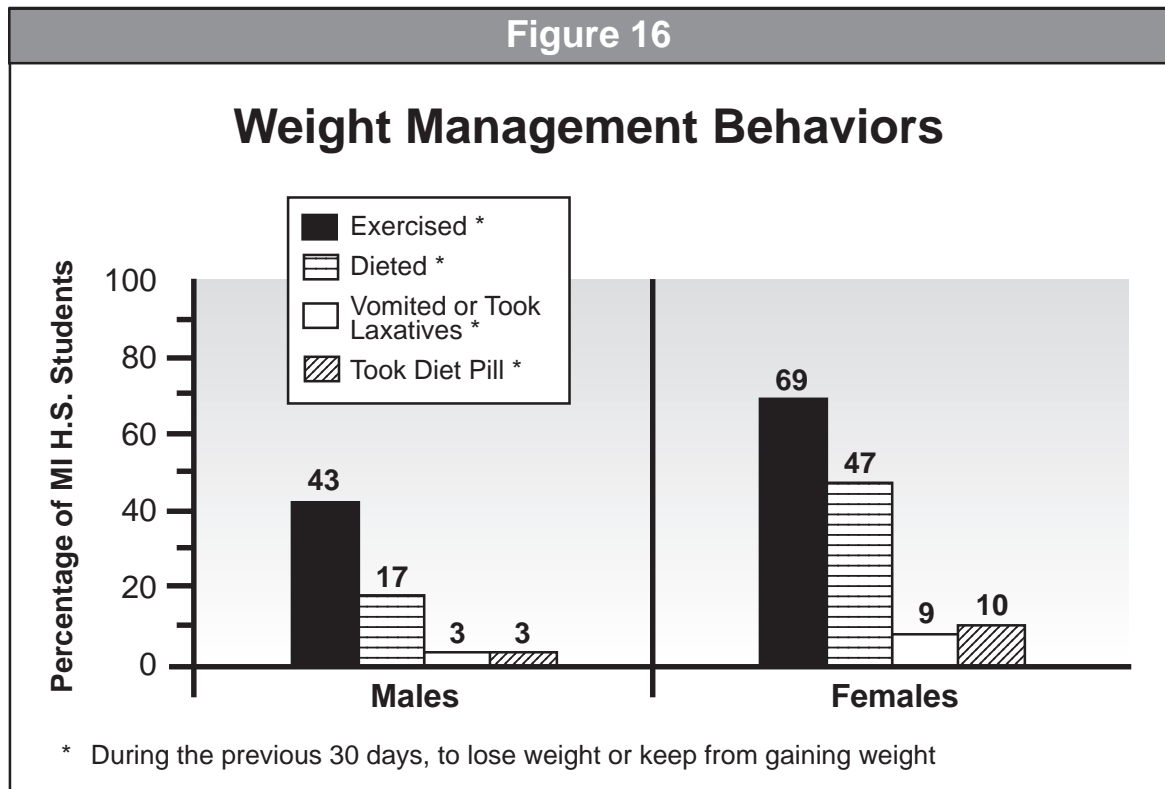


Figure 16



Dietary Behaviors

National Year 2000 Health Objective

- Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10 percent of calories among people ages two years and older.
- Increase complex carbohydrate and fiber-containing food in the diets of adults to five or more daily servings of vegetables (including legumes) and fruits, and to six or more daily servings of grain products.

Of Vital Concern

Americans currently consume more than 36% of their total calories from fat. High fat diets, which are associated with increased risk of obesity, heart disease, some types of cancer, and other chronic conditions, are often consumed at the expense of food high in complex carbohydrates and dietary fiber, considered more conducive to health (Public Health Service, 1988). Because dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits (Select Panel for the Promotion of Child Health, 1981).

The Michigan Picture

In 1994, only about 30 percent of Michigan's population ate the recommended five or more servings of fruits and vegetables daily. On average, less than two servings of grain products were eaten daily compared with the recommended six to eleven servings per day (Michigan Department of Community Health, 1997).

Survey Results

During the previous day:

- 26% of students surveyed ate five or more servings of fruits and vegetables (i.e., fruit, fruit juice, green salad, and cooked vegetables).
- 62% ate fruit, 68% drank fruit juice, 31% ate a green salad, and 44% ate cooked vegetables.
- 62% of students surveyed ate zero to two servings of food typically high in fat content (i.e., hamburgers, hot dogs, or sausage; french fries or potato chips; and cookies, doughnuts, pie or cake); 38% ate three or more servings of food typically high in fat content.

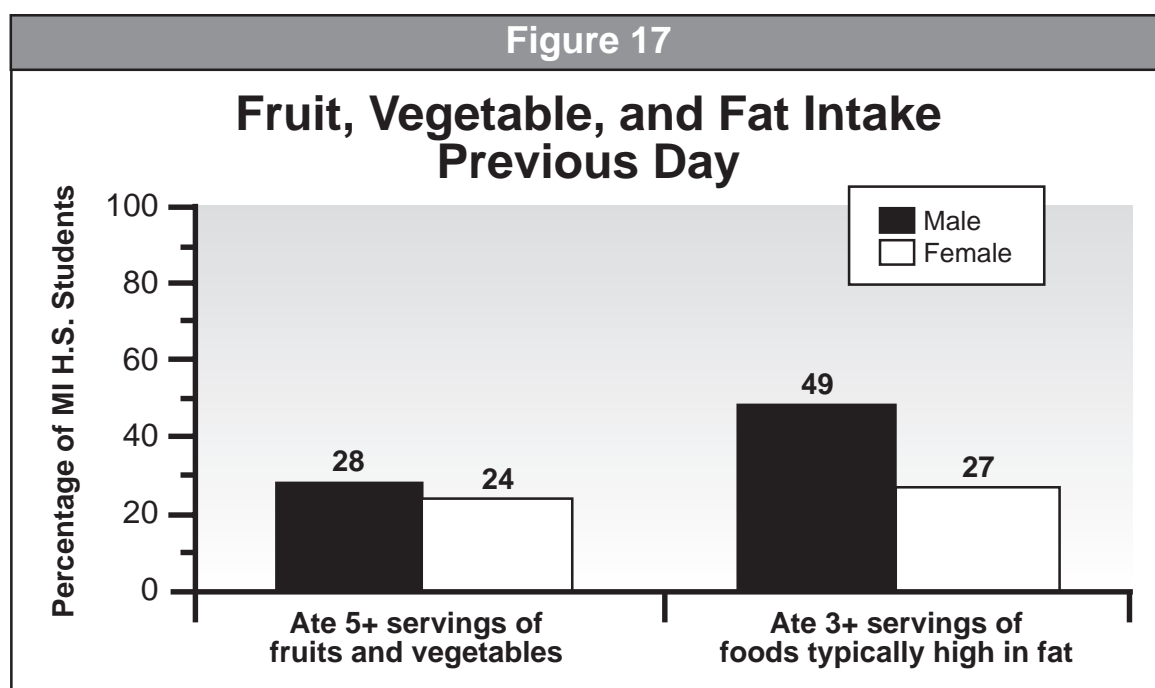
- 46% ate hamburgers, hot dogs or sausage; 57% ate french fries or potato chips; and 59% ate cookies, doughnuts, pie, or cake.

A Closer Look

Michigan youth were less likely than their national counterparts to eat cooked vegetables. Among Michigan youth, male students were more likely than female students to eat foods higher in fat; African-American students were less likely than white students to eat fresh fruits and vegetables.

On the previous day:

- 44% of Michigan high school students, compared to 50% of high school students nationally, ate cooked vegetables.
- 49% of male students, compared to 27% of female students, ate three or more servings of fatty foods (see Figure 17).
- 46% of African-American students, compared to 65% of white students, had eaten fruit; 21% of African-American students, compared to 34% of white students, had eaten a salad.



Physical Activity

Physical Activity

National Year 2000

Health Objective

- Increase to at least 30% the proportion of people ages 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.
- Increase to at least 20% the proportion of people ages 18 and older and to at least 75% the proportion of children and adolescents ages 6-17 who engage in vigorous physical activity that promotes the development and maintenance of cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion.
- Increase to at least 40% the proportion of people ages 6 and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance, and muscular flexibility.
- Reduce to no more than 15% the proportion of people ages 6 and older who engage in no leisure-time physical activity.

Of Vital Concern

Regular physical activity increases life expectancy (Paffenbarger, Hyde, Wing, & Hsieh, 1986). Additionally, regular physical activity can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems (Harris, Caspersen, DeFries, & Estes, 1989). Participation in physical activity declines dramatically with age during adolescence (U.S. Department of Health and Human Services, 1996). School and community programs have the potential to slow this age-related decline in physical activity and help students establish lifelong, healthy physical activity patterns (Centers for Disease Control and Prevention, 1996b).

The Michigan Picture

In 1995, almost 24% of Michigan adults had no regular exercise at all (Michigan Department of Community Health, 1997). Physical education classes have the opportunity to prepare young people for life-long health by teaching motor skills, physical fitness, personal/social behaviors, and cognitive concepts. In Michigan, schools are required by law to teach physical education, but have autonomy regarding the nature and extent of that education. Approximately 94% of Michigan's public high schools require at least one semester of physical education for graduation. However, school districts and schools are permitting an increasing number of high school students to substitute interscholastic athletics or band for the physical education credit (Michigan Department of Education, 1997).

Survey Results

- 59% of Michigan high school students participated in vigorous physical activities (exercise or sports that caused sweating and hard breathing) 3 or more times during the previous 7 days (see Figure 18 for a gender breakdown).
- One-third (33%) participated in moderate physical activities (e.g., walking or bicycling for at least 30 minutes at a time) on 3 or more of the previous 7 days (see Figure 18 for a gender breakdown).
- One-half (50%) did stretching exercises and 52% did exercises to strengthen or tone their muscles on 3 or more of the previous 7 days (see Figure 18 for a gender breakdown).
- 37% attended physical education class on one or more days during the week; of students enrolled in physical education class, 80% exercised or played sports for more than 20 minutes during an average class (see Figure 19).
- 51% played on sports teams run by the school and 37% played on sports teams operated outside the school.

A Closer Look

Michigan students were less likely than their national counterparts to attend physical education class. Among Michigan youth, male students, 12th graders, and African-American students were less likely than female students, 9th graders, and white students, respectively, to participate in most physical activities.

- 37% of Michigan high school students, compared to 60% of students nationally, attended physical education class on one or more days during the week.
- 51% of females versus 67% of males engaged in vigorous physical activities (exercise or sports that made them sweat or breathe hard for at least 20 minutes) on 3 or more of the previous 7 days.
- 29% of females versus 45% of males attended a physical education class at least once during an average school week.
- Only 28% of 12th graders, compared to 58% of 9th graders, attended physical education class at least once during an average school week (see Figure 20 for a breakdown by gender and grade level).
- 48% of African-American students, compared to 62% of white students, participated in vigorous physical activities (that caused sweating and hard breathing) 3 or more times during the previous 7 days.
- 39% of African-American students, compared to 54% of white students, played on one or more sports teams run by their school during the previous 12 months.

Figure 18

Participation in Physical Activity

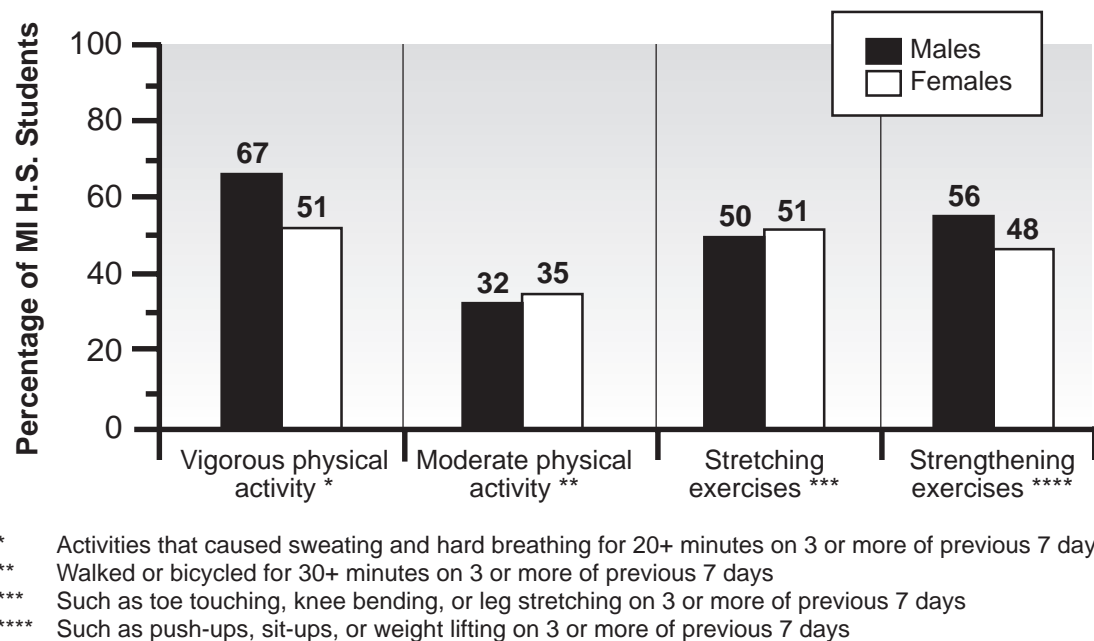


Figure 19

PE Class Attendance Michigan versus National

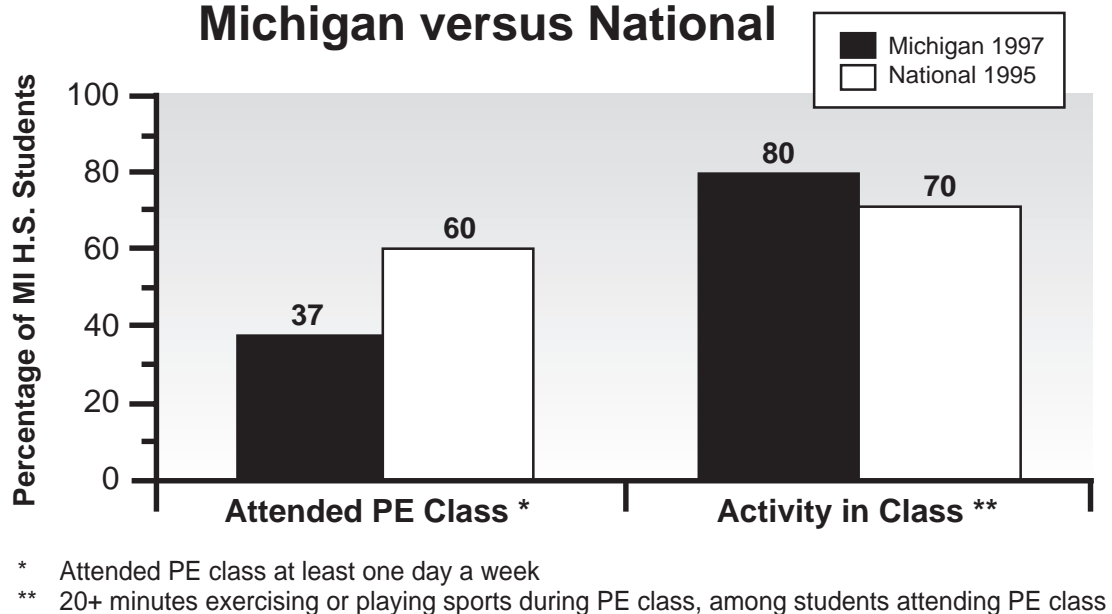
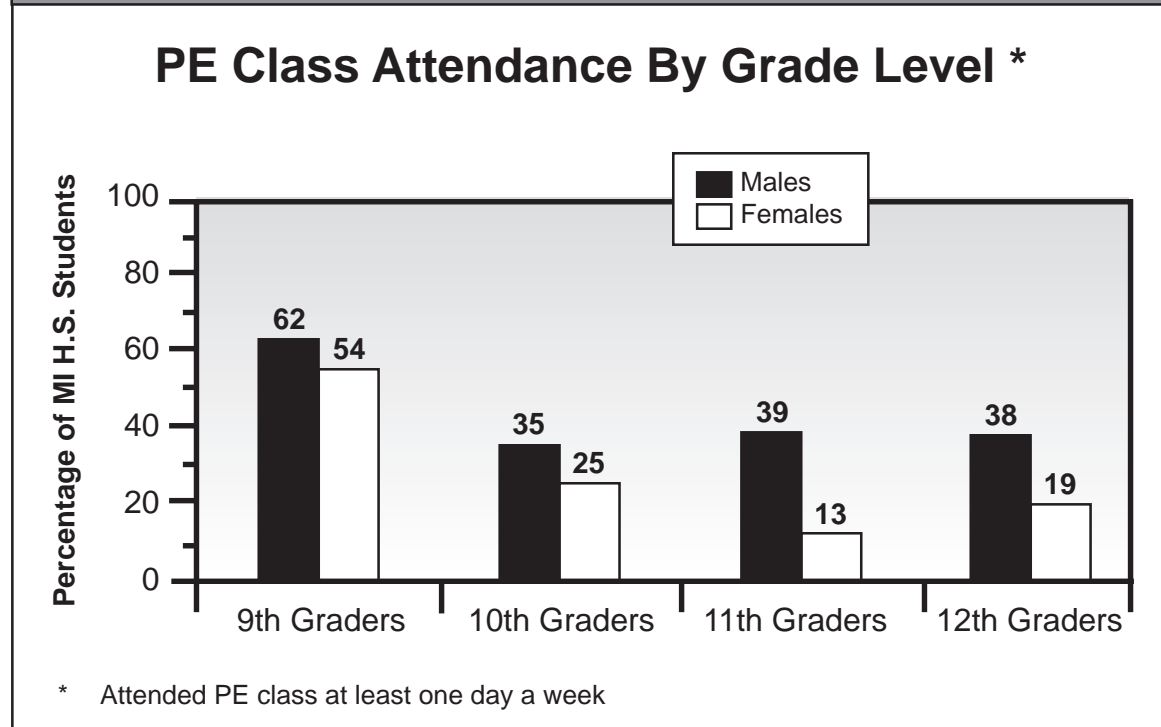


Figure 20



Conclusions

The Youth Risk Behavior Survey has been conducted at national, state, and local levels. Results of the Michigan YRBS demonstrate that Michigan youth are similar to youth across the country. High school students everywhere — across all gender, grade level, and racial subgroups in urban, suburban, and rural communities — engage in behaviors that put them at risk for death and substantial morbidity and social problems. While health-risk behaviors occur to some degree among all high school students, YRBS results show that subgroups engage in behaviors to differing extents. Therefore, certain youth are at greater risk for particular health problems. For example, males are significantly more likely to engage in violent behaviors and females are more likely to engage in unhealthy weight control behaviors; ninth graders are more likely to engage in physical fighting and twelfth graders are more likely to engage in sexual behaviors and substance abuse. These differences among youth point to the need for prevention programs which strategically address the distinct needs of various groups of students.

Certain behaviors (e.g., violence, substance abuse, sex, and conduct related to injuries) place youth at an immediate risk while other behaviors (e.g., smoking, diet, and physical activity) affect youth later in life when adulthood disease strikes. Youth practice health-risk behaviors at great cost to themselves and society. Because students who engage in health-risk activities are so young, the years of potential life lost are significant. This high cost points to the strong need for prevention programs which target youth before they engage in health-risk behaviors.

Findings of the Michigan YRBS indicate the state's youth are more similar to their national counterparts than they are different from them. On all but five items of the survey, Michigan high school students were comparable to students across the country. Following are the areas where statistically significant differences existed between Michigan youth and their national counterparts. Compared to the rest of the country, Michigan youth are:

- more likely to wear a motorcycle helmet (among those who rode a motorcycle);
- more likely to have tried marijuana before age 13;
- more likely to use exercise to manage their weight;
- less likely to attend physical education class; and,
- less likely to eat cooked vegetables.

Recommendations

The results of the 1997 Michigan YRBS illustrate that a substantial percentage of youth engage in behaviors that place them at risk for serious health problems that warrant broad-based and strategically targeted interventions. Michigan has effectively developed and implemented model curricula (e.g., the Michigan Model for Comprehensive School Health Education) that address key issues such as substance abuse, tobacco, sexual activity, violence prevention, nutrition, and physical activity. However, there are a number of areas where further intervention and programming are needed:

1 Michigan must continue to offer and expand age-appropriate, research-based, and skills-based health education to its students. This includes peer education, which has been shown to be a promising strategy for modifying the behaviors of adolescents.

2 Educational efforts must be directed at individuals prior to the onset of their health-risk behaviors. This means that health education and other programs at the elementary and middle school levels should aim to prevent health-risk behaviors. These early interventions must be reinforced in subsequent years with “booster” or follow-up units of study since many health-risk behaviors (e.g., drinking and driving, tobacco and other substance abuse, sexual activity, and physical inactivity) are more prevalent in the 11th and 12th grades.

3 Schools alone cannot address the personal, physical, and emotional needs of children. Parents play a critical role in providing models of healthy behavior; their

involvement is crucial in the prevention of health-risk behaviors and promotion of healthy lifestyles in young people. Churches and other community organizations must also work with parents and schools to ensure that students have multiple opportunities to learn how to live safely and healthfully. Our youth need to hear coordinated, clear, and consistent prevention and abstinence messages from every corner of the community.

4 Educational efforts must be targeted more precisely so that they meet the specific needs of different youth. Research shows that health education programs are more effective when they address the particular health-risk behaviors of students. While it is necessary to address a broad array of health-related issues, programs should concentrate efforts and emphasize curriculum in areas where needs are the greatest.

5 Schools should continue to implement and better enforce policies related to violence and drug use on school property. Current state and local policies address some of these behaviors; however, the prevalence of violence and drug use on school property indicates the need for improved enforcement, early intervention, and referral services.

6 State and local health and education agencies must continue to collect and use evaluation data to continuously improve health education programs so that they better meet the prevention needs of youth. With limited time and resources available for health education and prevention, agencies cannot afford to implement ineffective programs that are unlikely to have an impact on youth.

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MICHIGAN

1997 YOUTH RISK BEHAVIOR SURVEY

This survey is about health behavior. It has been developed so you can tell us what *you* do that may affect your health. The information you give will be used to develop better health education programs for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept *private*. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. *No names will ever be reported.*

Make sure to answer every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

THANK YOU VERY MUCH FOR YOUR HELP

IMPORTANT

- Choose only one answer for each question.
- Use a #2 pencil only.
- Make dark marks.
- Example: A B ● D.
- Erase completely to change your answer.

1. How old are you?
 - a. 12 years old or younger
 - b. 13 years old
 - c. 14 years old
 - d. 15 years old
 - e. 16 years old
 - f. 17 years old
 - g. 18 years old or older
 2. What is your sex?
 - a. Female
 - b. Male
 3. In what grade are you?
 - a. 9th grade
 - b. 10th grade
 - c. 11th grade
 - d. 12th grade
 - e. Ungraded or other
 4. How do you describe yourself?
 - a. White - not Hispanic
 - b. Black - not Hispanic
 - c. Hispanic or Latino
 - d. Asian or Pacific Islander
 - e. American Indian or Alaskan Native
 - f. Other
- The next 19 questions ask about safety and violence.**
5. How often do you wear a seat belt when riding in a car driven by someone else?
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Most of the time
 - e. Always
 6. During the past 12 months, how many times did you ride a motorcycle?
 - a. 0 times
 - b. 1 to 10 times
 - c. 11 to 20 times
 - d. 21 to 39 times
 - e. 40 or more times
 7. **When you rode a motorcycle** during the past 12 months, how often did you wear a helmet?
 - a. I did not ride a motorcycle during the past 12 months
 - b. Never wore a helmet
 - c. Rarely wore a helmet
 - d. Sometimes wore a helmet
 - e. Most of the time wore a helmet
 - f. Always wore a helmet
 8. During the past 12 months, how many times did you rollerblade or skateboard?
 - a. 0 times
 - b. 1 to 10 times
 - c. 11 to 20 times
 - d. 21 to 39 times
 - e. 40 or more times
 9. **When you went rollerblading or skateboarding** during the past 12 months, how often did you wear a helmet?
 - a. I did not rollerblade or skateboard during the past 12 months
 - b. Never wore a helmet
 - c. Rarely wore a helmet
 - d. Sometimes wore a helmet
 - e. Most of the time wore a helmet
 - f. Always wore a helmet
 10. During the past 12 months, how many times did you ride a bicycle?
 - a. 0 times
 - b. 1 to 10 times
 - c. 11 to 20 times
 - d. 21 to 39 times
 - e. 40 or more times

11. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?

- a. I did not ride a bicycle during the past 12 months
- b. Never wore a helmet
- c. Rarely wore a helmet
- d. Sometimes wore a helmet
- e. Most of the time wore a helmet
- f. Always wore a helmet

12. During the past 30 days, how many times did you ride in a car or other vehicle **driven by someone who had been drinking alcohol**?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

13. During the past 30 days, how many times did you drive a car or other vehicle **when you had been drinking alcohol**?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

14. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

15. During the past 30 days, on how many days did you carry **a gun**?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

16. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

17. During the past 30 days, how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?

- a. 0 days
- b. 1 day
- c. 2 or 3 days
- d. 4 or 5 days
- e. 6 or more days

18. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

19. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books **on school property**?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

20. During the past 12 months, how many times were you in a physical fight?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

21. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

22. During the past 12 months, how many times were you in a physical fight **on school property**?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or 7 times
- f. 8 or 9 times
- g. 10 or 11 times
- h. 12 or more times

23. The **last time** you were in a physical fight, with whom did you fight?

- a. I have never been in a physical fight
- b. A total stranger
- c. A friend or someone I know
- d. A boyfriend, girlfriend, or date
- e. A parent, brother, sister, or other family member
- f. Someone not listed above
- g. More than one of the persons listed above

Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life. The next four questions ask about attempted suicide.

24. During the past 12 months, did you ever **seriously** consider attempting suicide?

- a. Yes
- b. No

25. During the past 12 months, did you make a plan about how you would attempt suicide?

- a. Yes
- b. No

26. During the past 12 months, how many times did you actually attempt suicide?

- a. 0 times
- b. 1 time
- c. 2 or 3 times
- d. 4 or 5 times
- e. 6 or more times

27. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- a. **I did not attempt suicide** during the past 12 months
- b. Yes
- c. No

The next ten questions ask about tobacco use.

28. Have you ever tried cigarette smoking, even one or two puffs?

- a. Yes
- b. No

29. How old were you when you smoked a whole cigarette for the first time?

- a. I have never smoked a whole cigarette
- b. 8 years old or younger
- c. 9 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 years old or older

30. During the past 30 days, on how many days did you smoke cigarettes?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

31. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- a. I did not smoke cigarettes during the past 30 days
- b. Less than 1 cigarette per day
- c. 1 cigarette per day
- d. 2 to 5 cigarettes per day
- e. 6 to 10 cigarettes per day
- f. 11 to 20 cigarettes per day
- g. More than 20 cigarettes per day

32. During the past 30 days, how did you usually get your own cigarettes? (Select only **one** response.)

- a. I did not smoke cigarettes during the past 30 days
- b. I bought them in a store such as a convenience store, supermarket, or gas station
- c. I bought them from a vending machine
- d. I gave someone else money to buy them for me
- e. I borrowed them from someone else
- f. I stole them
- g. I got them some other way

33. **When you bought cigarettes** in a store during the past 30 days, were you **ever** asked to show proof of age?

- a. I did not smoke cigarettes during the past 30 days
- b. I did not buy cigarettes in a store during the past 30 days
- c. Yes, I was asked to show proof of age
- d. No, I was not asked to show proof of age

34. During the past 30 days, on how many days did you smoke cigarettes **on school property**?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

35. Have you ever tried to **quit** smoking cigarettes?

- a. Yes
- b. No

36. During the past 30 days, on how many days did you use **chewing tobacco or snuff**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

37. During the past 30 days, on how many days did you use **chewing tobacco or snuff on school property**?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

The next five questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

38. How old were you when you had your first drink of alcohol other than a few sips?

- a. I have never had a drink of alcohol other than a few sips
- b. 8 years old or younger
- c. 9 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 years old or older

39. During your life, on how many days have you had at least one drink of alcohol?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 9 days
- d. 10 to 19 days
- e. 20 to 39 days
- f. 40 to 99 days
- g. 100 or more days

40. During the past 30 days, on how many days did you have at least one drink of alcohol?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

41. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- a. 0 days
 - b. 1 day
 - c. 2 days
 - d. 3 to 5 days
 - e. 6 to 9 days
 - f. 10 to 19 days
 - g. 20 or more days

42. During the past 30 days, on how many days did you have at least one drink of alcohol **on school property**?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

The next four questions ask about marijuana use. Marijuana also is called grass or pot.

43. How old were you when you tried marijuana for the first time?

- a. I have never tried marijuana
- b. 8 years old or younger
- c. 9 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 years old or older

44. During your life, how many times have you used marijuana?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 to 99 times
- g. 100 or more times

45. During the past 30 days, how many times did you use marijuana?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

46. During the past 30 days, how many times did you use marijuana **on school property**?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

The next nine questions ask about cocaine and other drug use.

47. How old were you when you tried **any** form of cocaine, including powder, crack, or freebase, for the first time?

- a. I have never tried cocaine
- b. 8 years old or younger
- c. 9 or 10 years old
- d. 11 or 12 years old
- e. 13 or 14 years old
- f. 15 or 16 years old
- g. 17 years old or older

48. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

49. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

50. During your life, how many times have you used the **crack or freebase** forms of cocaine?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

51. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

52. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

53. During your life, how many times have you used any other type of **illegal** drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin?

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

54. During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- a. 0 times
- b. 1 time
- c. 2 or more times

55. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- a. Yes
- b. No

The next two questions ask about AIDS education and information.

56. Have you ever been taught about AIDS or HIV infection in school?

- a. Yes
- b. No
- c. Not sure

57. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?

- a. Yes
- b. No
- c. Not sure

The next nine questions ask about sexual behavior.

58. Have your parents, or other adults in your family, ever talked with you about what they expect you to do or not do when it comes to sex?

- a. Yes
- b. No
- c. Not sure

59. Have you ever had sexual intercourse?

- a. Yes
- b. No

60. How old were you when you had sexual intercourse for the first time?

- a. I have never had sexual intercourse
- b. 11 years old or younger
- c. 12 years old
- d. 13 years old
- e. 14 years old
- f. 15 years old
- g. 16 years old
- h. 17 years old or older

61. During your life, with how many people have you had sexual intercourse?

- a. I have never had sexual intercourse
- b. 1 person
- c. 2 people
- d. 3 people
- e. 4 people
- f. 5 people
- g. 6 or more people

62. During the past 3 months, with how many people did you have sexual intercourse?

- a. I have never had sexual intercourse
- b. I have had sexual intercourse, but not during the past 3 months
- c. 1 person
- d. 2 people
- e. 3 people
- f. 4 people
- g. 5 people
- h. 6 or more people

63. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- a. I have never had sexual intercourse
- b. Yes
- c. No

64. The **last time** you had sexual intercourse, did you or your partner use a condom?

- a. I have never had sexual intercourse
- b. Yes
- c. No

65. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- a. I have never had sexual intercourse
- b. No method was used to prevent pregnancy
- c. Birth control pills
- d. Condoms
- e. Withdrawal
- f. Some other method
- g. Not sure

66. How many times have you been pregnant or gotten someone pregnant?

- a. 0 times
- b. 1 time
- c. 2 or more times
- d. Not sure

The next six questions ask about body weight.

67. How do **you** describe your weight?

- a. Very underweight
- b. Slightly underweight
- c. About the right weight
- d. Slightly overweight
- e. Very overweight

68. Which of the following are you trying to do about your weight?

- a. **Lose** weight
- b. **Gain** weight
- c. **Stay** the same weight
- d. I am **not trying to do anything** about my weight

69. During the past 30 days, did you **diet** to lose weight or to keep from gaining weight?

- a. Yes
- b. No

70. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- a. Yes
- b. No

71. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?

- a. Yes
- b. No

72. During the past 30 days, did you **take diet pills** to lose weight or to keep from gaining weight?

- a. Yes
- b. No

The next seven questions ask about food you ate yesterday. Think about all meals and snacks you ate yesterday from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

73. Yesterday, how many times did you eat fruit?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

74. Yesterday, how many times did you drink fruit juice?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

75. Yesterday, how many times did you eat green salad?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

76. Yesterday, how many times did you eat **cooked** vegetables?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

77. Yesterday, how many times did you eat hamburger, hot dogs, or sausage?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

78. Yesterday, how many times did you eat french fries or potato chips?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

79. Yesterday, how many times did you eat cookies, doughnuts, pie, or cake?

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

The next eight questions ask about physical activity.

80. On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes **that made you sweat and breathe hard**, such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

81. On how many of the past 7 days did you do **stretching exercises**, such as toe touching, knee bending, or leg stretching?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

82. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

83. On how many of the past 7 days did you **walk or bicycle for at least 30 minutes** at a time? (Include walking or bicycling to or from school.)

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

84. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days

85. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

- a. I do not take PE
- b. Less than 10 minutes
- c. 10 to 20 minutes
- d. 21 to 30 minutes
- e. More than 30 minutes

86. During the past 12 months, on how many sports teams **run by your school**, did you play? (Do not include PE classes.)

- a. 0 teams
- b. 1 team
- c. 2 teams
- d. 3 or more teams

87. During the past 12 months, on how many sports teams **run by organizations outside of your school**, did you play?

- a. 0 teams
- b. 1 team
- c. 2 teams
- d. 3 or more teams

**THIS IS THE END OF THE SURVEY.
THANK YOU VERY MUCH FOR YOUR HELP.**